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PATENT, TRADEMARK  
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**FACSIMILE COVER LETTER**

Facsimile Number: 571-273-8300

To: Examiner M. WALLERSON  
Group Art Unit 2626, USPTO

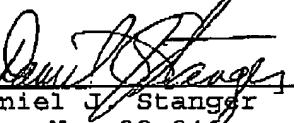
From: Mr. Daniel J. Stanger  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/075,989  
Attorney Docket No.: NGB-103

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;  
REPLY;  
PETITION FOR ONE-MONTH EXTENSION OF TIME; AND  
CREDIT CARD FORM INCLUDING \$320.00 IN PAYMENT OF  
PETITION FOR ONE-MONTH EXTENSION OF TIME FEE  
& 1 ADDITIONAL INDEPENDENT CLAIM FEE.

  
\_\_\_\_\_  
Daniel J. Stanger  
Reg. No. 32,846

January 17, 2006

\_\_\_\_\_  
Date

Total Number of Pages (including cover sheet): 15

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If the facsimile you receive is incomplete or illegible,  
please CALL (703) 684-1120. Thank you.

FORM PTO-1083

PATENT  
Case Docket No. NGB-103In RE application of M. OYANAGI  
Serial No.: 10/075,989  
Filed: February 15, 2002  
For: MULTIFUNCTION PRINTERGroup Art Unit: 2626  
Examiner: M. WALLERSONRECEIVED  
CENTRAL FAX CENTER  
JAN 17 2006Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)	(COL. 2)	(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For
Total	• 13	Minus .. 20	- 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims			

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
x 9	\$		x 18	\$ 0
x 42	\$		x 200	\$ 200
+ 140	\$		+ 280	\$ 0
Total	\$		Total	\$ 200

\* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.  
 \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment, or the number of claims originally filed.

Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

A check in the amount of \$ 320.00 is attached in payment of: CREDIT CARD FORM FOR 1 ADL INDEP CLAIM & 1MTH EOT.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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